

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6<sup>th</sup> Floor, William R. Snodgrass Tower

Nashville, TN 37243

**APPLICATION FOR CHANGE OR  
CANCELLATION OF ASSUMED  
LIMITED LIABILITY COMPANY NAME**

*For Office Use Only*

Pursuant to the provisions of §48-207-101(e) of the Tennessee Limited Liability Company Act or §48-249-106(e) of the Tennessee Revised Limited Liability Company Act, the undersigned Limited Liability Company hereby submits this application:

1. The true name of the Limited Liability Company is: \_\_\_\_\_  
\_\_\_\_\_

2. The state or country of formation is: \_\_\_\_\_  
\_\_\_\_\_

3. The Limited Liability Company intends to cease transacting business under an assumed Limited Liability Company name by changing or cancelling it;

4. The assumed Limited Liability Company name to be changed from or cancelled is: \_\_\_\_\_  
\_\_\_\_\_

5. If the assumed name is to be changed, the assumed LLC name which the LLC proposes to use is:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Limited Liability Company

\_\_\_\_\_  
Signer's Capacity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed or printed)